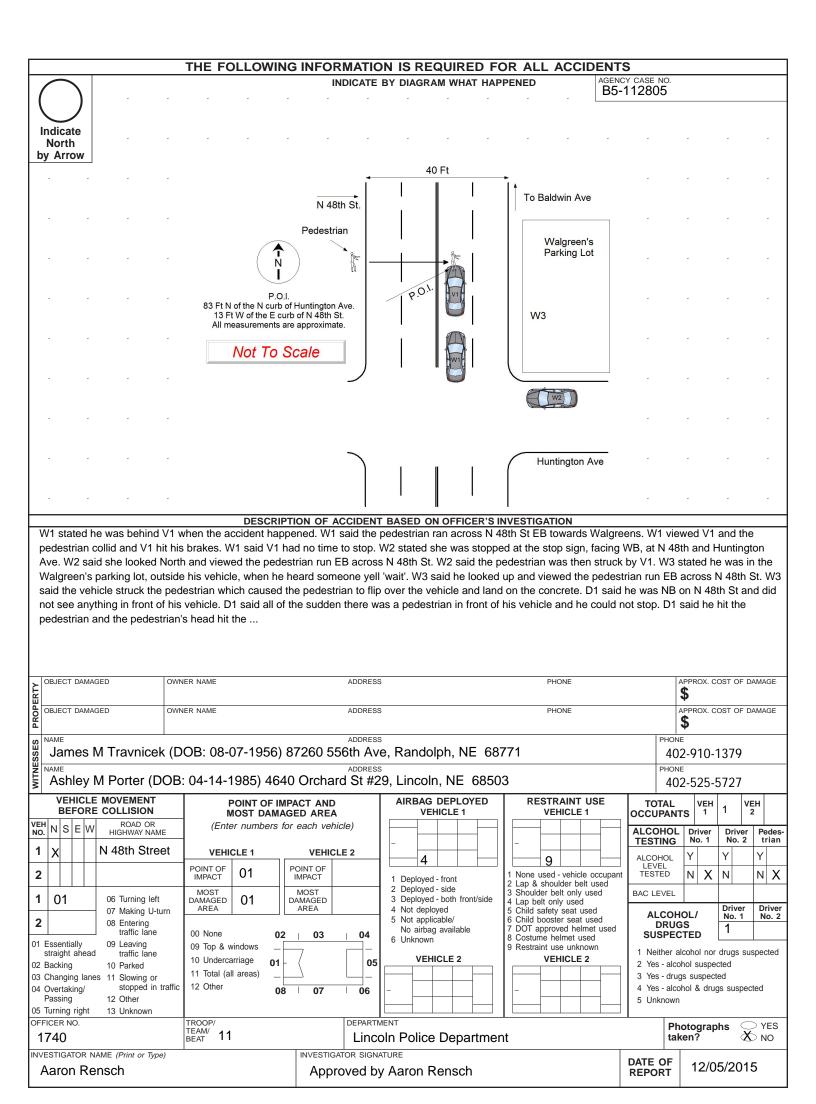
2150 7273	50883 9			e of Nek /estic	oraska Jator's	мо	tor	Vel	hicl	e A	\C(	cid	en	ıt Re	port	;	Shee	et1	of _	5				
1	Total Nu		Local N District	lo./ 009		Agency Case R	5-112	2805					ı	HIT & RUN		INVESTIGA				1				
A/1	of Vehi		<b>]</b> M / [		Y Y	No. P	0 112	2000						YES (In Mil	itary Time)	XYES NO STATE USE ONLY				+'-				
02	OF ACCIDENT		$\stackrel{\text{S}}{\bigcirc} M \stackrel{\text{T}}{\bigcirc} W \stackrel{\text{TH}}{\bigcirc} \stackrel{\text{F}}{\bigcirc} \stackrel{\text{S}}{\bigcirc} \text{TIME OF ACCIDENT}$																					
A/2	PLACE	COUNTY	, L	Lancaster Police Notified 1801												:	-							
В	OF ACCIDENT	CITY	Linc	incoln PRIVATE YES NO												12/05	/201	15						
45														LATITUDE										
C		CCIDENT OCCURRED HIGHWAY NO. IN 40th Street:  STREET?  STREET?  N S E W OF HIGHWAY NO. LC													LONGITUE	LONGITUDE								
4	MILEPOST																							
<sup>D</sup>		NAN		T INTERSE NTERSECTI	NG ROADWA	<u> </u>		<b>X</b> >FE	ET C	MILES	·	S	ERS	W OF N	EAREST STREE	T, BRIDGE	, RAILI	ROAD C	ROSSING	3				
V1/M								83.	.00		Х			N 4	48th and H	untingto	on A	ve						
01	MILES				ACCIDENT V	WAS OUTS	SIDE CI					TANC	E FR	OM NEAF	REST TOWN					1				
V2/M	WILES		N	S E	MILES			N	S E			R TOW	N											
E	R. WORK	R1	R2	R3 R4	S. PEDES	STRIAN	S1	S2	<b>S</b> 3	S4 S	5-a	S5-b	S6-a	S6-b	DOES ACCIDI STATE DEPT.									
1	CODES	1			CODES		05	1	1	1	04		1		○YE	s 🗶	ON C							
F								VE	HICLE	NO.	l						_			]				
1	DRIVER LICENSE		NO.	G02066	844										(Of License)	NE	SE		FEMALE  MALE					
V1/N	FRANK	A BAI	RTLE	TT								номе 402-	570	)-3229		LOCAL NO	Э.							
1 V2/N	B25 N C														12/31	V1/1								
	OWNER	PHONE LOCAL NO.														14 V1/2								
G	OWNER ADDR	ESS	CITY, STATE, ZIP CITATION YES CITATION NO.													- 172								
2			r Blvd #105, Lincoln, NE 68505 PENDING XNO													V1/3								
н 5	LICENSE PLATE	PA	140.	NO. RYG283 (Plate Expires) 2016										STIMATED I	(Of PI	late)	NE	V1/4						
V1/O	VEHICLE	:	YEAR MAKE MODEL BODY STYLE COLOR ESTIMATED DAMAGE OF A door Sedan black TOTALED \$ 75																					
3	VEHICLE ID NO. (VIN)	1G2	2NE5	2F24M6	692612										E COMPANY Farm					V1/5 <b>14</b>				
V2/O	TOWED TO 101 Cha	rlesto	n			TOWED BY		wing						POLICY NO	3793-A10-2	272				V1/6				
1								VE	HICLE	NO. 2	2				STATE		_		FEMALE	25				
1	DRIVER LICENSE	l	NO.								le.	LIONE			SEX FEMALE									
V1/P <b>1</b>	DRIVER										P	HONE								V2/1				
V2/P	DRIVER ADDRI	ESS				CITY,	STATE, Z	ZIP							DATE OF BIRTH (MM / DD / YYYY	OF 'H YYYY)								
	OWNER										F	HONE			LOCAL NO.					- V2/2				
J 01	OWNER ADDR	ESS				CITY,	STATE, Z	ZIP					C	ITATION	YES	CITATION	NO.			V2/3				
V1/Q	LICENSE													PENDI YEAR	NG ONO		STA			V2/4				
1	PLATE	YEAR	NO.		MAKE		MODEL			BODY	STYLE		(Pla	COLOR	E	(Of Plate)  ESTIMATED DAMAGE				- 102/4				
V2/Q	VEHICLE													INCLIDANC	E COMPANY	TOTALE	.D <b>\$</b>			V2/5				
K	VEHICLE ID NO. (VIN)																			V2/6				
01	TOWED TO					TOWED BY	,							POLICY NO	).									
		Comp	lete	this se	ction fo	r all in	jured	pers	sons						OF BIRTH DD / YYYY)	Seat	<b>2</b> Eject	Body Bodion	Injury T	SEX				
VEH. #	(Complete a continuation report, if more than three were injudent. # NAME ADDRESS  Cody A Chilton 2215 N 32nd Street, Lincoln, NE 68503												1	1/03/19	<u>`</u>	Position   Eject   Región   Sev.   18								
0	LOCAL NO.	, IIIUII .	MEDIC	AL FACILITY N					1	ERVICE N					,,,,,	EMS RU	N REPO			2 M				
VEH. #	NAME					DRESS		onorai)	Line	coln F	ire	& Re	SCU	re										
· = · · · · #			I.c.						ler:-															
	LOCAL NO.		MEDIC	AL FACILITY N	IAME				EMS SE	ERVICE N	AMÉ					EMS RU	N REPO	אנ <sup>י</sup> NO.						
VEH. #	NAME		1		AD	DRESS																		
	LOCAL NO.	OCAL NO.   MEDICAL FACILITY NAME   EMS										MS SERVICE NAME							EMS RUN REPORT NO.					



	150508 2739	383				Moto	r Vehic	le A	ccider	nt Co	ontinu	uatio	on Rep	ort	Shee			5	
				Local No./ District 009				Agency Case No.	B5-112	805						STAT	E USE O	NLY	
Vehicle Codes from		DATE (		ENT (MM/DD/	YYYY)	PLACE OF ACCIDE	_	Lan	caster										
Overlay #2	1	ON WH	IICH ACCII	DENT OCCUR	RRED STRE		J 9 LII	ncoln 48th 9	Street									Sequent of E	
VEH. #		-				,		EHICL		Τ								VE	H. #
	DRIV		NO.										STATE		SE	X -	FEMAL	.E	
	DRIVER	NSE	140.							PHONE			(Of License)	LOCAL	NO.		MALE	<del>-</del>  _	
M	DRIVER	ADDDES	9			CITY	STATE, ZIP						DATE OF					1.	
N	DRIVER	ADDRES	5			CITT, S	STATE, ZIP						BIRTH (MM / DD / YYYY)	,				2.	_
	OWNER									PHONE			(	LOCAL	NO.				
0	OWNER	ADDRES	S			CITY,	STATE, ZIP				CITATI	ION ENDIN	YES G NO	CITATIO	ON NO.			3.	
P	LICEI PLA		NO.								YEAF (Plate Exp	oires)			STAT (Of Pla	ate)		4.	
Q	VEH	ICLE	YEAR		MAKE	ı	MODEL		BODY STYL	_E	COLO	DR	ES		D DAMAGE	Ē		5.	
	VEHIC										INSU	RANCE	COMPANY						
	NO. (					TOWED BY					POLIC	CY NO.						6.	
VEH. #							V	EHICL	E NO.				07475	1					H. #
	DRIV LICE		NO.										STATE (Of License)		SE	X -	> FEMAL > MALE	.E	
M	DRIVER									PHONE				LOCAL	. NO.			1.	
	DRIVER	ADDRES	S			CITY,	STATE, ZIP						DATE OF BIRTH						
N	OWNER									PHONE		(	(MM / DD / YYYY)	LOCAL	NO.			2.	
0	OWNER	ADDRES	S			CITY, S	STATE, ZIP				CITATI	ON	◯YES	CITATIO	ON NO.			3.	_
				T							○ PI	ENDIN	G ONO						
Р	LICEI PLA		NO.								YEAF (Plate Exp	oires)	T-		STAT (Of Pla	ate)		4.	
Q	VEH	ICLE	·	YEAR	MAKE		MODEL		BODY STYL	_E	COLO	JR			D DAMAGE	1		5.	_
	VEHICI NO. (										INSU	RANCE	COMPANY						
	TOWED 1					TOWED BY					POLIC	CY NO.						6.	
,	 VEHICLE	- MOVE	MENT					AIDI	BAG DEPL	OVED		ECTD/	AINT USE	_		VEH		VEH	
	BEFORE	COLL	ISION		POINT OF IT			AIN	VEHICLE_		,  `	VEHIC			TOTAL CUPANTS			VL11	
NO. N	SEW	R HIGH	OAD OR IWAY NAME	(E	Enter numbers	for each ve	hicle)								COHOL	Driv	er No.	Driver	No.
				VEHI	CLE	VEHI	CLE								COHOL	Y	_	Υ	-
				POINT OF IMPACT		POINT OF IMPACT		1 Don	oloyed - front		1 None	used -	vehicle occupant	,   L	EVEL ESTED	N		N	
				MOST		MOST		2 Dep	oloyed - side oloyed - both	front/side	3 Shou		t only used	BAC	LEVEL				
		06 Tu	rning left aking U-turn	DAMAGED AREA		DAMAGED AREA	'	4 Not	deployed applicable/	nonvaide	5 Child 6 Child	safety s	seat used r seat used	AL	.COHOL/	Driv	er No.	Driver	No.
		08 Er	ntering offic lane	00 None	0:	2   03	04		airbag availa	ble	7 DOT 8 Costu	approve ume heli	ed helmet used met used	[	RUGS SPECTED	, —			
stra	entially light ahead	09 Le		09 Top &	windows _			0 0	VEHICLE _	_	9 Restr	raint use VEHIO	unknown	- 1	Neither ald		r drugs	suspect	ed
02 Bac 03 Cha	anging lane	10 Pa es 11 SI	owing or	10 Under	· 01	-	05								Yes - alcoh Yes - drugs				
Pas	ertaking/ ssing	12 Ot		ffic 12 Other	0	8 07	06	-			-			4	Yes - alcoh Unknown			ected	
05 Turi	ning right		nknown									DATE C	NE BIDTH	1 1		3	4	5 ,	
	INIANAE	С	omplet	e this se	ection for	-	jured per	sons					D / YYYY)	Sea Posit	at Eiget	Body Region	Injury -	Trans.	SEX M F
VEH. #	NAME #				AD	DRESS													
	LOCAL N	O.	MEI	DICAL FACILITY!	NAME			EMS SI	ERVICE NAME		1			EMS	RUN REPO	RT NO.			_
	NAME				AD	DRESS											$\top$		
VEH. #		0	T. acc	DICAL FACTOR	NAME			True s	ED\//05 \					Er cc	DUN SEE	DT NO			
	LOCAL N	<b>J</b> .	MEI	DICAL FACILITY!	NAIVIE			EMS SI	ERVICE NAME	:				EMS	RUN REPO	KI NO.			
VEH. #	NAME				AD	DRESS		-											
	LOCAL N	О.	MEI	DICAL FACILITY	NAME			EMS SI	ERVICE NAME					EMS	RUN REPO	RT NO.			
	1													1					

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT  AGENCY CASE NO. B5-112805																		
													AGEN	CY CASE NO.				
( )													D3-	112003				
Indicate North																		
North by Arrow																		
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OBJECT DAN																		
OBJECT DAN	MAGED	(	OWNER NAME				ADDRESS					PHONE			APPROX	. COST OF I	DAMAGE	
							ADDRESS							PHON				
Cole E Petr (DOB: 07-31-1992) 2940 N 41st Street, Lincoln,																5-4970		
NAME   ADDRESS   PHONE											IE							
OFFICER NO. 1740			TROOP/ TEAM/ BEAT <b>1</b>	1			DEPARTME Lincol	n Polic	e Dena	rtment								
INVESTIGATOR	NAME (Print	or Type)	55,11	•	IN'	VESTIGATO	R SIGNATU											
Aaron Re		,					ed by		Rensch		DATE OF REPORT 12/05/2015							

2150508 72739	383		In				Vehicl	le Ac		Descr	iption	Contir	nuatio	n Re	port She			5
			Loca	al No./ trict 009	i				Agency Case No.		В	35-1128	305			STA	TE USE ONL	.Y
DATE OF ACCIDENT (MM / DD / YYYY)  12/05/2015							OF	OUNTY	Lanc									
ROAI	D ON W	HICH ACCI			D STRE				icoln 18th Str	eet								
started	runni		ss N	48th St.	. The p	edestri	ian saic	d he lo	oked to						The pede			9
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0FFICER NO 1740				TROOP/ TEAM/ BEAT 11	1			DEPARTME	Linco	oln Poli	ce Dep	artmen	ıt					
Aaron Rensch							vestigato		ure Aaron F	DATE OF ACCIDENT								